

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO /

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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17	1					
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35	2					
36	1					
37						
38	1		1			
39	2		1			
40	3					
41	1					
42	2					
43	2					
44	2					
45	1		1			
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49						
50						
TOTAL IND.			6			
TOTAL DEP.			39			
TOTAL CLAIMS			45			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						